DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

Forshpan

COMPLETE IF KNOWN

PTO/SB/01 (10-00)
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Attorn y D cket Number

First Named Inventor

Application Number

		Distan		Filing Date						
	Submitted OR		tted after Initial (surcharge R 1.16 (e))	Group Art Unit						
	with Initial Filing			Examiner Nam	e					
	As a below named inventor, I hereby declare that:									
	My residence, mailing address, and citizenship are as stated below next to my name.									
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
	CANOPY FOR CO-SLEEPER, CRIB OR PLAY YARD									
	(Title of the Invention)									
	the specification of which [X] is attached hereto									
	OR as United States Application Number or PCT International									
	was filed on (MM/DD/YYYY) (if applicable).									
	Application Number and was amended on (MM/DD/YYYY)									
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
	Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached? NO			
					000	0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
	Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application									
					numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					

[Page 1 of 2]

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NAME OF SOLE OR FIRST INVEN	TOR:		A petitio	n has been file	d for this unsigned inventor		
Given Name Sharon (first and middle [if any])			Family Na or Surna				
Inventor's Signature	m				8/1/03 Date		
Residence: City Malibu		State CA	4 c	US Country	Citizenship US		
Mailing Address 6487 Cavalleri Road, Apt. 224							
Mailing Address							
Malibu	Malibu CA		ZIP 90265		Country US		
NAME OF SECOND INVENTOR:			A petitio	on has been file	ed for this unsigned inventor		
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature Date							
Residence: City		State		Country	Citizenship		
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City St ☐ Additional inventors are being named on	tate	iontal Addisi	ZIP	or(e) eboot(o) DTC	Country 0/SB/02A attached hereto.		
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not yet assigned				
Filing Date					
First Named Inventor	Forshpan, Sharon				
Title	CANOPY FOR CO-SLEEPER				
Group Art Unit	N/A				
Examiner Name	N/A				
Attorney Docket Number	03-255-JB				

I hereby appoint:										
Practitioners at Customer Number 31718 31718 31718										
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I am the: Applicant	Unventer		•, •		•					
X Applicant/Inventor.										
Assignee of record of the entire interest. See 37 CFR 3.71.										
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
SIGNATURE of Applicant or Assignee of Record										
Name Sharon Forshpan										
Signature	057/									
Date 9/1/p3										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
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